

JC20 Rec'd PCT/PTO 03 JUN 2005

APPLICATION DATA SHEET**Application Information**

Application Type::	National Phase
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)::	
Number of copies of CRF::	
Title::	COMBINATION MEDICAMENT
Attorney Docket Number::	26794U
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggest Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed U.S. Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Klaus
Middle Name::	
Family Name::	DIETZEL
Name Suffix::	
City of Residence::	Konstanz

State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Thingoltstr. 2e,
City of mailing address:: Konstanz
State/Province of mailing address::
Country of mailing address:: DE
Postal Code of mailing address:: 78465

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Degenhard
Middle Name::
Family Name:: MARX
Name Suffix::
City of Residence:: Moos
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Obere Reute 15,
City of mailing address:: Moos
State/Province of mailing address::
Country of mailing address:: DE
Postal Code of mailing address:: 78345

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Helgert
Middle Name::
Family Name:: MÜLLER
Name Suffix::
City of Residence:: Radolfzell
State/Province of Residence::
Country of Residence:: DE

Street of Mailing address:: Zum Lerchental 1a,
City of mailing address:: Radolfzell
State/Province of mailing address::
Country of mailing address:: DE
Postal Code of mailing address:: 78315

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Christian
Middle Name::
Family Name:: WEIMAR
Name Suffix::
City of Residence:: Konstanz
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Eichhornstr. 51,
City of mailing address:: Konstanz
State/Province of mailing address::
Country of mailing address:: DE
Postal Code of mailing address:: 78464

Correspondence Information

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Representative Information

Representative Customer Number::	034375
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EP	02027797.6	12 December 2002 (12.12.2002)	Yes
DE	103 06 213.0	13 February 2003 (13.02.2003)	Yes

Assignee Information

Assignee name::	Altana Pharma AG
Street of mailing address::	Byk-Gulden-Str. 2
City of mailing address::	Konstanz
State/Province of mailing address::	
Country of mailing address::	DE
Postal Code of mailing address::	78467